

**FAX****To** 1624**Company** USPTO**Fax** 703-872-9306**From** Allyson K. Jacobs**Tel** 919-483-9105 **Fax** 919-483-7988**E-mail** akj27836@gsk.com**Date** 11/3/04 **Pages including cover** 12**Subject** Serial No.: 10/030,527**Filing Date:** 1/9/02**Attached:**

Amendment Transmittal  
Amendment  
Certificate of Transmission

**GlaxoSmithKline**

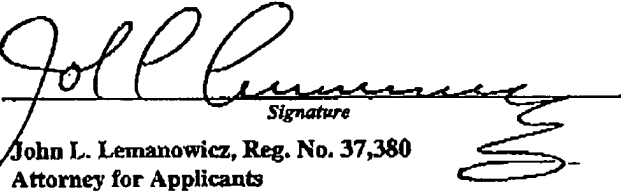
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Cockerill et al.					PU3743USW	
Application No. 10/030,527	Filing Date 1/9/02	Examiner Bruck Kifle	Customer No. 23347	Group Art Unit 1624	Confirmation No. 4128	
Invention: ANILINOQUINAZOLINES AS PROTEIN TYROSINE KINASE INHIBITORS						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	30 -	32 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature John L. Lemanowicz, Reg. No. 37,380 Attorney for Applicants GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-8247 Facsimile: (919) 483-7988			Dated: 11/2/04			
CC:			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on _____</p><p>(Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			

P11LARGE/REV08

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Cockerill et al

Serial No.: 10/030,527

Examiner: B. Kifle

Filing Date: January 9, 2002

Art Unit: 1624

For: ANILINOQUINAZOLINES AS PROTEIN TYROSINE KINASE INHIBITORS

Commissioner for Patents  
Washington D.C. 20231

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**AMENDMENT**

Sir:

This paper is in response to the Office Action mailed August 3, 2004. Accordingly, this response is timely filed on November 3, 2004. Reconsideration of the subject application is respectfully requested.

Please amend the above-identified application as follows:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

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